

Seattle Colleges
EMPLOYEE
ORCA Business Cardholders Rules of Use

As a Business Account ORCA Cardholder, I agree to the following:

1. I will use my SCD-issued ORCA Card for my own transportation only. I will not transfer my SCD-issued ORCA Card to any other person. I understand that my SCD-issued ORCA Card and any products will be blocked from further use if I misuse this benefit.
2. I will keep my SCD-issued ORCA Card secure and in good condition. I will immediately report a lost, stolen, or damaged SCD-issued ORCA Card to my Campus Transportation Services Office. I understand a lost SCD-issued ORCA Card will be replaced at a charge of \$10.00. A defective SCD-issued ORCA Card will be replaced free of charge.
3. I will return my SCD-issued ORCA Card upon request or when I leave my employment with the Colleges. If I do not return my SCD-issued ORCA Card, I understand that it will be blocked for further use on transportation services provided by my employer.
4. I understand that the SCD-issued ORCA Card is valid for the following services provided by my employer:
 - A. 100% of transit fares on regularly scheduled transportation service on Everett Transit, Community Transit, Kitsap Transit, Metro Transit, Pierce Transit, and Sound Transit.
 - B. I understand that the SCD-issued ORCA Card products are not valid fare payment for services on any non-participating ORCA agencies and that I am responsible for gaining that information prior to card usage.
5. I understand that I am responsible to pay additional fares required for services not covered, or not fully covered, by my employer provided benefits.
6. I understand that SCD discourages employees from loading additional ORCA Products onto their SCD-issued ORCA Card and that SCCD assumes no responsibility for reimbursement of funds personally loaded to an SCD-issued ORCA Card should the card become lost, damaged, or stolen.
7. I understand the ORCA system will record data each time I use my ORCA Business Card. Data will include the date, time, and location of the card when it is presented. I understand this data is owned by the ORCA Agencies and is accessible to my employer.

I acknowledge the receipt of my ORCA Business Card, and understand and agree to the terms stated above on using the ORCA Business Card.

Employee's Signature

Date

Employee's Printed Name

ORCA Card Serial #

Transportation Coordinator Use Only – ORCA Card replacement:	
_____ Authorized Signature	_____ Date
_____ Replacement Card Serial #	_____ Date